US Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
	( AUG 1 8 2005 )
E	QMS OFOT

1 File Number U 964/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	1 / 1 / 04 Through 12/31 / 04
3 Name and address of person filing	4 Name file number and address of labor organization
Name Michael J Williams	Name Teamsters Local No. 743
	Labor Organization File Number 034 094
PO Box Bidg Room No If any	P O Box Building and Room Number if any
Unit # 1710	FO BOX Building and Room Number if any
Street 5500 S. South Shore Drive	Street 4620 S. Tripp Ave.
Crty Chicago	City Chicago
State	State <b>Illinois</b> ZIP Code + 4 269632
5 Position in labor organization	
	Representative
Enter appropriate data below if during the past fiscal year you or your spo (except as specified in the exclu- A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations	usions set forth in the instructions)  derived income or other economic benefit of
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name if any	
PO Box Bldg Room No If any	7 b Amount
Street	
City	
State ZIP Code * 4	
Sign	nature
15 Signature and verification. The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief true correct and complete (See the se	ying documents) has been examined by the signatory and is to the best of the
Signed Michael A Williams	On 8-12-04 773-254-7460
- Maria Caral	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing Michael J Williams	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name				
Trade Name If any	a Labor Organization			
PO Box Bidg Room No if any	b Trust			
Street				
City				
State ZIP Code + 4				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name if any				
PO Box Bidg Room No if any	20 to 10 to			
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	The state of the s			
	- CS			
	12 b Amount			
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
or from any labor relations consultant to an employer any payment of money				
or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)	or other thing of value  14 a Nature of payment			
13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)	or other thing of value			
13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)	or other thing of value  14 a Nature of payment			
13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)  Name	or other thing of value  14 a Nature of payment			
13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)  Name (  Trade Name if any	or other thing of value  14 a Nature of payment			
13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)  Name (  Trade Name if any  P O Box Bldg Room No if any	or other thing of value  14 a Nature of payment			
13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)  Name (  Trade Name if any P O Box Bldg Room No if any Street	or other thing of value  14 a Nature of payment			

## **DISCLAIMER**

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004

Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted

Michael Millians
Signature

Date.